

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation USACTION		3. FEC Identification Number C C90012089
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1825 K ST. NW SUITE 210		
(c) City, State and ZIP Code WASHINGTON DC 20006		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☒ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y Y Y Y Y
THROUGH				
M M	/	D D	/	Y Y Y Y Y Y Y Y

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

2100.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Steven Mele

Steven Mele

06/11/2013

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

USACTION

Full Name (Last, First, Middle Initial) of Payee

PowerThru Consulting

Date

MM / DD / YYYY
06 / 10 / 2013

Mailing Address

1740 Hinesburg Rd.

Amount

1850.00

Transaction ID : F57.4471

Purpose of Expenditure

Design of website and email program

Category/
Type

Office Sought:

☐

House

State: MA

☒

Senate

District: 00

☐

President

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

EDWARD J MARKEY

Calendar Year-To-Date Per Election
for Office Sought

1850.00

Disbursement For:
2013☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

USACTION

Date

MM / DD / YYYY
06 / 10 / 2013

Mailing Address

1825 K ST. NW
SUITE 210

Amount

250.00

Transaction ID : F57.4473

Purpose of Expenditure

Design of volunteer phone and online program

Category/
Type

Office Sought:

☐

House

State: MA

☒

Senate

District: 00

☐

President

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

EDWARD J MARKEY

Calendar Year-To-Date Per Election
for Office Sought

2100.00

Disbursement For:
2013☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YYYY

Mailing Address

Amount

Purpose of Expenditure

Category/
Type

Office Sought:

☐

House

State: _____

☐

Senate

District: _____

☐

President

Check One:

☐

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

2100.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures ▶
(carry total from last page forward to Line 7)

2100.00